2011 APR 22 AM 7: 32

STATEMENT OF

FEC MAIL CENTER

FEC FORM 1		ORGANIZATION				Office Hee Only
NAME OF COMMITTEE (in	n full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Office Use Only
$[G_{ a }r_{ y }]$	o _l h _i n _i s _i o	o _l n _{l l}	2,0,1,2,,,,	[_i n _i c _{i · i}		
		111				
ADDRESS (number a	nd street)	c,/,	0, 1,6,0,1	Bllake Stre	e,t, , ,	
(Check if a		Su	i t e 3 1 0)	<u> </u>	
is changed)		$D_i e_i$	$n_i v_i e_i r_i$		C ₁ O	8, 0, 2, 0, 2 -
				CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRES	SS (Pleas	se provide only one o	e-mail address)		
(Check if	addrasa	$E_{\parallel}1_{\parallel}$	i z a b e t	$h_{ @ }G_{ a }r_{ y }J_{ O }h_{ n }s$	o n 2 0 1	2 ₁ . ₁ c ₁ o ₁ m ₁
(Check if is change		ليا				
COMMITTEE'S WEB	B PAGE ADI	DRESS (URL)			
(Check if is change		<u> w w </u>	w _{i.} G _i a _i r _i y _i	J O ₁ h n s O ₁ n 2 0 1 2	. c o m	
2. DATE 0 4 2 1 2 0 1 1						
3. FEC IDENTIFICATION NUMBER						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have	examined th	is Stater	nent and to the bes	st of my knowledge and belief it	is true, correct	and complete.
Type or Print Name of Treasurer Elizabeth Otten Hepworth						
Signature of Treasurer Chabet Offen Hapuratto Date 04 21 2011						
NOTE: Submission of				n may subject the person signing to		the penalties of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.			DMMITTEE		
	Can	20000000	Committee:		
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate	
	Name of Candidate $ \begin{bmatrix} G_{\mid}a,r_{\mid}y_{\mid} & J_{\mid}o_{\mid}h_{\mid}n_{\mid}s_{\mid}o_{\mid}n_{\mid} & \vdots & $				
	Candi Party	ida te Affiliatio	on REP Sought: House Senate President	State District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Part	y Com	mittee:		
	(d)			Democratic, epublican, etc.) Party.	
	Polit	ical A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:	
			Corporation Corporation w/o Capital Stock	Labor Organization	
			Membership Organization Trade Association	Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party	
			In addition, this committee is a Lobbyist/Registrant PAC.		
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
	Joint	t Fund	ralsing Representative:		
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	
		Com	mittees Participating in Joint Fundraiser		
		1.	FEC ID number		
		2.	FEC ID number		
		3.	FEC ID number C		
		4.	FEC ID number C		

FEC Form 1 (Rev	vised 02/2009)	Page 3
Write or Type Committee	Name	
Gary Johnson 2012, Ir	nc.	
6. Name of Any Cotine	oted Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader	ship PAC Sponsor
.		11111
<u> </u>		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nnected Organization Affiliated Committee Joint Fundraising Representative Lo	eadership PAC Sponso
SECTION LET 6	Action Comment	
Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person in po	essession of committee
Full Name	r e;a,s,u r e r	
Mailing Address		
		11111
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. Treasurer: List the nar any designated agent	me and address (phone number optional) of the treasurer of the committee; and the n (e.g., assistant treasurer).	ame and address of
Full Name of Treasurer	l _i iz _i a _l b _i e _i t _i h _{i i} H _i e _i p _i w _i o _i r _i t _i h _{i i i i i i i i i i i i i i i i i i i}	
Mailing Address	2, 2, 9, A, L, b, i, o, n, S, t, r, e, e, t, , , , , , , , , ,	
		<u> </u>
		2,2,0 -
Title or Position	CITY STATE	ZIP CODE
$T_i r_i e_i a_i s_i u_i r_i$	e_1r_1 Telephone number $\begin{bmatrix} 3 & 0 & 3 \end{bmatrix} - \begin{bmatrix} 1 & 1 & 1 & 1 \\ 2 & 1 & 1 & 1 \end{bmatrix}$	5,4,7,-,4,9,9,5

9.

Full Name of Designated Agent	$\begin{bmatrix} C_i h_i e_i t_i & G_i o_j o_i d_i w_i i_i n_i & \dots & \dots & \dots \end{bmatrix}$				
Mailing Address	2 8 0 S 0 U t h 4 0 0 U W e s t				
	$S_{i}u_{i}i_{i}t_{i}e_{i}+2_{i}2_{i}0_{i}$				
	$\begin{bmatrix} S_{i} a_{i} 1_{i} t_{i-1} L_{i} a_{i} k_{i} e_{i-1} C_{i} i_{i} t_{i} y_{i-1-1-1} \\ \\ CITY \end{bmatrix}$	U,T STATE	[8, 4, 1, 0, 1] ZIP CODE		
Title or Position	$T_1 r_1 e_1 a_1 s_1 u_1 r_1 e_1 r_1 1 1 1 1 1 1$ Telephone nu	mber 8	0,1 - 3,6,3 - 3,4,0,0		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
	$[Z_1i_1o_1n_1'_1s_1]N_1a_1t_1i_1o_1n_1a_11_1B_1a_1n_1k_1]$				
Mailing Address	$[4, 5, 5, E_{1}, E_{1$	o _i 1 _i e _{i 1}			
		1_1_1_1_			
	$[S_1a_1l_1t_1]_La_1k_1e_1C_1i_1t_1y_1$	UIT	8,4,1,1,1		
	СПҮ	STATE	ZIP CODE		
Name of Bank,	Depository, etc.				
Mailing Address					
		<u> </u>			
	CITY	STATE	ZIP CODE		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	-
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirma	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fee Service (Specify):	Shipping Date 4/11/11
Next Dusilless	
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
Ce	4/22/1)
PREPARER (3/2005)	DATE PREPARED
(3/2003)	